PTO/SB/06 (12-04)

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L	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004										^	Application or Docket Number			
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY												7	OTHER THAN SMALL ENTITY		
·	FOR NUMBER FILE					NUMBER EXTRA			RATE (1)		FEE (5)				
13	POPR 1.16(a), (b	N/A N/A N/A		N/A			NA		150.0		RATE		300.00		
(3	7 CFR 1 16(14, 6)				· NA.		7	. NA	7	\$250	7		N/A		
þ	XAMINATION F 7 CFR. 1.16(0), (p)				1	N/A	7	N/A		\$100					
9	OTAL CLAIMS 7 CFR 1.16(I))	minus 20 ×		\$ 20 s	•		1	X\$ 25 ·		. + 100	4	NA	<u> </u>	\$200	
IN CO	DEPENDENT ( CFR 1, 16(h))	ZLAIMS	minus 3 =				-	X100	+		J .Œ	X\$50			
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FE	PPLICATION 51 E CFR 1.16(6))	ZE	sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			pilcation entity) fo fraction	Ication size fee due ntity) for each action thereof. See d 37 CFR 1.16(s).				*				
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H,	If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	1		-	L		-
	APPLICATION AS AMENDED - PART II								TOTAL	<u></u>	<del></del>	٦.	TOTAL	· L	
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	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							, r	SMALL ENTITY			OR	OTI SMA	IER	HAHT YTITM
Z .	5/33/1	AME	REMAINING AFTER AMENDMENT		NUMB PREVIO		PRESENT EXTRA		RATE (1)	ADDI- TIONAL FEE (\$)			RATE (S		ADDI- TIONAL
NAME IN CIMEN	D7 CFR 1.16(j)	1 8	4	Minus	7	6	* Ø	11	X\$ 25 .	<del>                                     </del>	( <del>)</del>	1	X\$50	+	FEE (S)
	(37 CFR 1.19(h))	<u> </u>	4.	Minus.		4	=100	lt	X100 _	1	+	OR	X200	<del>- </del> -	<del>-  </del>
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18@)								+180=		<del>                                     </del>	1	+360=		
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L	P7 CFR 1.16(h))			Minus	***		=	-	X100 ,			OR .			
•	Application Size Fee (37 CFR 1.16(s))											OR	X200	1-	<del></del>
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())							$\int$	+180=			OR	+360=	1	
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The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number (ound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fife (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.